

SERFF Tracking Number:	AAMC-125661374	State:	Arkansas
Filing Company:	Pioneer Security Life Insurance Company	State Tracking Number:	39158
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Total Disability Benefit Rider		
Project Name/Number:	/		

Filing at a Glance

Company: Pioneer Security Life Insurance Company

Product Name: Total Disability Benefit Rider	SERFF Tr Num: AAMC-125661374	State: ArkansasLH
TOI: L08 Life - Other	SERFF Status: Closed	State Tr Num: 39158
Sub-TOI: L08.000 Life - Other	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Traci Duffey	Disposition Date: 06/02/2008
	Date Submitted: 05/30/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Filed in Texas, our State of Domicile.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 06/02/2008	
State Status Changed: 06/02/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
See Cover Letter submitted under Supporting Documentations.	

Company and Contact

Filing Contact Information

Clara Keel, Product Filing Manager and Assistant Secretary	ckeel@aatx.com
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425 Austin Avenue	(254) 297-2794 [Phone]
Waco, TX 76701	(254) 297-2138[FAX]

Filing Company Information

Pioneer Security Life Insurance Company	CoCode: 67946	State of Domicile: Texas
425	Group Code: 1327	Company Type: LAH
Waco, TX 76701	Group Name:	State ID Number:
(254) 297-2777 ext. [Phone]	FEIN Number: 75-1083342	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pioneer Security Life Insurance Company	\$100.00	05/30/2008	20596631

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/02/2008	06/02/2008

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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 06/02/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	Actuarial Memorandum		No
Form	Total Disability Benefit Rider		Yes

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Form Schedule

Lead Form Number: 9785

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PS9785	Certificate	Total Disability Amendmen t, Insert Page, Endorseme nt or Rider	Initial		47	STD PS9785 Total Disability Benefit Rider.pdf

BENEFIT DESCRIPTION	ANNUAL PREMIUM
WHOLE LIFE INSURANCE	\$ 234.00 FOR LIFE
ADDITIONAL BENEFITS PROVIDED BY RIDERS	
TOTAL DISABILITY BENEFIT RIDER - \$1,000 PER MONTH	\$177.60 FOR 30 YEARS

TOTAL ANNUAL PREMIUM	\$ 411.60
ISSUED METHOD OF PAYMENT – ANNUAL	\$ 411.60
OTHER METHODS OF PAYMENT SEMIANNUAL	\$ 210.74
QUARTERLY	\$ 106.60
MONTHLY	\$ 35.81

NON-TOBACCO PREMIUM CLASS

INSURED: JOHN DOE	FACE AMOUNT: \$10,000
AGE: 35	DATE OF ISSUE: JUNE 1, 2008
POLICY NUMBER: 0000000001	MATURITY DATE: JUNE 1, 2073

PIONEER SECURITY LIFE INSURANCE COMPANY
WACO, TEXAS

TOTAL DISABILITY BENEFIT RIDER

BENEFITS

If you are totally disabled, we will pay the Monthly Disability Benefit shown for this Rider on Page 3 of your Policy. The benefit will begin on the first monthly Rider anniversary after your condition has met all of the requirements of Total Disability as defined below, including continuing for at least 60 days. The Rider benefit will begin after the end of the 60 day elimination period. This is the number of days you must be disabled before receiving benefits. You will not receive any benefits during the elimination period.

We may require proof of continued total disability as indicated in the Proof of Continued Total Disability provision of this Rider.

Benefits are subject to the maximum benefit period for any one continuous total disability. The maximum benefit period is 2 years. If following a period of total disability, you resume your regular occupation for a period of less than 180 days, any subsequent disability resulting from the same cause(s) will be considered a continuation of the same disability. Our liability for the entire period, including any prior disability, is subject to the limits under which the original period of disability benefits were paid.

DEFINITIONS

TOTAL DISABILITY:

Total disability is disability which:

- (a) First appears while this Rider is in effect;
- (b) Continues for at least 60 days;
- (c) Begins before the Rider anniversary following your 65th birthday;
- (d) Is not included in the Limitations section of this Rider;
- (e) Results from bodily injury or disease; and,
- (f) Keeps you from being able to perform the major duties of your regular occupation as a result of such injury or disease.

The irrevocable loss of the following will be deemed total disability:

- (a) The entire sight of both eyes; or,
- (b) The entire use of both hands, or both feet or one hand and one foot.

POLICY:

The Policy to which this Rider is attached.

LIMITATIONS

We will not pay the Monthly Disability Benefit if Total Disability results from:

- (a) Attempted suicide;
- (b) Intentional self-inflicted injury;
- (c) Alcoholism or drug addiction;
- (d) Normal pregnancy or childbirth;
- (e) Any act of war, declared or undeclared, or any act related to war;
- (f) Military service for any country at war.

PROVISIONS

PREMIUM. The premium for this Rider is shown on Page 3 of the Policy and is payable under the same conditions as the Policy.

TIME LIMIT ON CERTAIN DEFENSES. After two years from the Date of Issue of the Policy, no misstatements made by you in the application for this Rider shall be used to void the Rider or to deny a claim for loss incurred commencing after the expiration of such two year period.

TERMINATION. All coverage under this Rider shall terminate at the earliest of:

- (a) Surrender or termination of the Policy;
- (b) Request for termination of this Rider accompanied by the Policy for proper endorsement;
- (c) The number of years for this Rider as shown on Page 3 of the Policy;
- (d) When the grace period expires for payment of any premium in default on this Rider;
- (e) When a Policy nonforfeiture option takes effect.

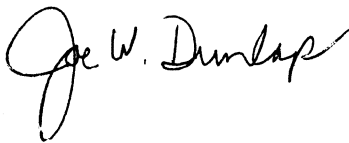
PROOF OF CONTINUED TOTAL DISABILITY. We may periodically require proof of continued total disability. We may also require that you be examined by a physician of our choice at our expense. Monthly Disability Benefits will end if you do not provide satisfactory proof within 30 days of our request or if you cease to be totally disabled. You agree to notify us as soon as possible after you cease to be totally disabled. If total disability stops, we will not pay further benefits.

HOW TO CLAIM THE BENEFIT. To claim a benefit under this Rider, send us a written notice of claim and proof of total disability satisfactory to us. We must receive such notice and proof:

- (a) While this Rider is in effect;
- (b) During your life; and,
- (c) While you are totally disabled.

If you do not meet these conditions but show that proof was given as soon as was reasonably possible, we may grant the benefits.

GENERAL PROVISIONS. This Rider is a part of the Policy to which it is attached. The provisions of the Policy also apply to this Rider unless otherwise provided in this Rider. We issue this Rider in return for your premium and the attached application. This Rider does not affect any surrender value of the Policy. The effective date of the Rider is the Date of Issue of the Policy unless otherwise shown on this Rider. Rider years, months, and anniversaries are measured from the effective date.



Secretary



President

Date: _____

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 05/21/2008
Comments:
Attachment:
AR PS9785 Readability Certification.pdf

Review Status:

Bypassed -Name: Application 05/21/2008
Bypass Reason: N/A
Comments:

Review Status:

Satisfied -Name: Cover Letter 05/29/2008
Comments:
Attachment:
AR PS9785 Cover Letter.pdf

Review Status:

Satisfied -Name: Actuarial Memorandum 05/29/2008
Comments:
Attachment:
STD PS9785 Actuarial Memorandum.pdf

ARKANSAS

PIONEER SECURITY LIFE INSURANCE COMPANY

CERTIFICATION

This is to certify that the attached Total Disability Benefit Rider, Form Number PS9785, has achieved a Flesch Reading Ease Score of 47 and complies with the requirements of Arkansas Statue 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Simplification Act.



Signature

Clara Keel, FLMI
Product Filing Manager & Assistant Secretary

May 30, 2008

Pioneer Security Life Insurance Company

P.O. Box 2550 • Waco, Texas 76702-2550 • 254-297-2778

May 30, 2008

NAIC No. 67946

Mr. Joe Musgrove
Policy and Other Form Filings
State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904
Attention: Compliance - Life and Health

Re: Form No. PS9785
Total Disability Benefit Rider

Dear Mr. Musgrove:

The above referenced form is being submitted for your consideration and approval. This form is new and will not replace any form previously approved by your department.

Form No. PS9785 is a Total Disability Benefit Rider that may be added to any life product marketed by the Company. The rider provides a monthly benefit of \$100 per unit of coverage. The rider provides this benefit for up to two years, after a 60-day waiting period. The issue ages for the rider are 18-55. The rider is renewable to age 65.

A copy of the actuarial memorandum is enclosed. The flesch readability score is 47.

The above referenced submission meets the provisions of Arkansas Rule and Regulation 19 (Unfair Sex Discrimination in the Sale of Insurance) as well as all applicable requirements of the department.

If I may be of assistance in your review, please contact me at 1-800-736-7311, extension 3216, or ckeel@aatx.com.

Sincerely,



Clara Keel, FLMI
Product Filing Manager & Assistant Secretary

CJK:tad
Enc.



PIONEER SECURITY LIFE INSURANCE COMPANY

ACTUARIAL MEMORANDUM

TOTAL DISABILITY BENEFIT RIDER

FORM NO. PS9785

1. Scope and Purpose

This filing has been prepared for the purpose of demonstrating compliance with regulatory requirements and may not be appropriate for other purposes.

2. Description of Benefits

The Total Disability Benefit Rider provides a monthly benefit of \$100 per unit of coverage. There is a 60-day waiting period and a 2-year benefit period. The monthly benefit is not retroactive (60 day elimination period).

3. Renewability Clause

This rider is non-cancelable to age 65.

4. Applicability

New issues are anticipated under this rider.

5. Morbidity

Claim costs were derived from the 1982 Disability Tables published in the Transactions of the Society of Actuaries Vol. XXXV.

6. Mortality

Mortality rates are based on the 1980 CSO Male ANB table.

7. Persistency

Non mortality terminations were assumed to be 0%. Existence of lapses would create antiselection resulting in higher claim costs and a higher loss ratio.

8. Expenses

No expense assumption was made in pricing this rider.

9. Marketing Method

This rider will be sold attached to an individual life policy.

10. Underwriting

Underwriting consistent with that typical for life insurance policy underwriting will occur.

11. Premium Classes

This rider has one premium class.

12. Issue Age Range

This rider is issued to individuals age 18-55. Annual premiums per \$100 of coverage are shown in Appendix A.

13. Area Factors

This rider has no applicable area factors.

14. Average Annual Premium

The average annual premium per \$100 of monthly income is expected to be \$21.40.

15. Premium Modalization Rules

The mode factors for this rider will be consistent with the policy to which it is attached.

16. Claim Liability and Reserves

This is a new form filing, so no claim reserve has been established. For purposes of rate development, claims were assumed paid as incurred.

17. Active Life Reserves

Method: 2-Year Preliminary Term
Morbidity: 1982 Disability Table
Mortality: 2001 CSO Ultimate Male ANB Table
Interest: 4.00%

18. Trend Assumptions

No medical rate inflation assumptions were assumed for pricing this rider.

19. Minimum Required Loss Ratio

The NAIC Guidelines for non-cancelable loss of time policies is 45%.

20. Anticipated Loss Ratio

Net annual premiums were calculated for each age using the net annual claim costs. The net annual premiums were divided by a loss ratio of .5 to produce the gross annual premiums. This method results in a 50% anticipated loss ratio.

21. Distribution of Business

The following age distribution was assumed:

<u>Age</u>	<u>%</u>
25	20
35	45
45	35

22. Contingency and Risk Margins

No assumption was made in pricing this rider.

23. Past and Future Anticipated Experience

The rider is new, so there is no past experience. Future experience is expected to produce a loss ratio of 50%.

24. Lifetime Loss Ratio

Net annual premiums were calculated for each age using the net annual claim costs. The net annual premiums were divided by a loss ratio of .5 to produce the gross annual premiums. This method results in a 50% anticipated loss ratio.

25. History of Rate Adjustments

This rider is new. There have been no rate adjustments. The premiums are guaranteed.

26. Number of Policyholders

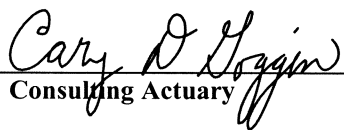
This rider is new. There are no policyholders in force.

27. Proposed Effective Date

The effective date is the approval date of the policy form from the Department of Insurance.

28. Actuarial Certification

I, Cary Goggin, a member of the American Academy of Actuaries, certify that to the best of my knowledge and judgement the entire rate filing is in compliance with the applicable state laws and with the rules of the Department of Insurance and complies with ASOP 8, as adopted by the ASB, and that the benefits provided are reasonable in relation to the proposed premiums.



Consulting Actuary

May 12, 2008

APPENDIX – A

Total Disability Benefit Rider
Non-Cancelable to Age 65
60 Day Waiting Period, Not Retroactive(60 Day Elimination Period)

Gross Annual Premiums Per \$100 of Monthly Benefit

Issue Age	Annual Premium
18	\$9.78
19	\$10.12
20	\$10.46
21	\$10.80
22	\$11.16
23	\$11.52
24	\$11.90
25	\$12.28
26	\$12.70
27	\$13.14
28	\$13.60
29	\$14.08
30	\$14.58
31	\$15.14
32	\$15.70
33	\$16.32
34	\$17.00
35	\$17.76
36	\$18.58
37	\$19.50
38	\$20.52
39	\$21.56
40	\$22.60
41	\$23.68
42	\$24.78
43	\$25.92
44	\$27.12
45	\$28.42
46	\$29.80
47	\$31.32
48	\$32.98
49	\$34.74
50	\$36.62
51	\$38.66
52	\$40.92
53	\$43.42
54	\$45.98
55	\$48.62